Leadership Issues – Unplanned Pregnancy and HIV/STD Prevention –

Sexual Health and Responsibility Program (SHARP) (August 2004)

Navy Environmental Health Center
Directorate of Population Health
Sexual Health and Responsibility Program (SHARP)
www-nehc.med.navy.mil/hp/sharp
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Navy Environmental Health Center

Ensure Navy and Marine Corps readiness through leadership in prevention of disease and promotion of health.

SHARP Overview

STD/HIV Directives

- DoDI 1010.10 Health Promotion
  - Includes Sexual Health / endorses HP2010 Objectives
- SECNAVINST 5300.30 C
  - Establishes DON policy on identification, surveillance and administration of HIV
- SECNAVNOTE 5300
  - Defines Navy policy on HIV/AIDS training
  - Requires annual, 1-hr, all hands HIV education
- BUMED 6222.10B
  - STD Prevention and Control

Sexual Health

Intimate personal relationships free from coercion, violence, or risk of negative outcomes such as sexually transmitted disease or unplanned pregnancy.

Sexual Responsibility

- Maintaining your values, respecting others, planning for safety, and avoiding STDs & unplanned pregnancies.

SHARP Mission, Vision, Goal

Vision: A DoN cultural norm in which sexual responsibility and safety is encouraged, supported, and expected, and a population in which all pregnancies are planned, Syphilis is eliminated, and other STDs, including HIV are prevented.

Mission: Provide DoN members and family members with health information, education, and behavior change programs for the prevention of sexually transmitted diseases, including HIV, and unplanned pregnancy.

Goal: Reduce the occurrence of HIV, STDs and unplanned pregnancy among DoN members and beneficiaries to levels specified in selected Healthy People 2010 Objectives.

Motto: Chart a Safe Course

SHARP Objectives

Sexual Health Objectives (and HP2010 Objective Number)

Family Planning

9-1. Increase the proportion of pregnancies that are intended

9-3. Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception

9-5. Increase the proportion of health care providers who provide emergency contraception

HIV

13-5. Reduce the number of HIV cases among adolescents and adults

13-6. Increase the proportion of sexually active adults who use condoms

SHARP Objectives (cont.)

STD Prevention

25-1a-c. Reduce incidence of Chlamydia among males and females aged 15-24

25-2. Reduce incidence of Gonorrhea

25-3. Eliminate sustained transmission of primary and secondary Syphilis

25-13. Increase proportion of STD programs that routinely offer Hepatitis B vaccine to all STD patients

25-16. Increase proportion of sexually active females aged 25 and under screened annually for Chlamydia

25-18. Increase proportion of primary care providers who treat STDs in accordance with recognized standards

(SHARP). Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters

SHARP Objectives (cont.)

Provider Training

(SHARP). Increase proportion of primary care providers (PCP), health promotion specialists (HPS), preventive medicine technicians (PMT), environmental health officers (EHO) and independent duty corpsmen (IDC) who have completed training in **patient-centered HIV/STD prevention counseling**

(SHARP). Increase proportion of primary care providers and independent duty corpsmen who have completed training in **sexual risk assessments** in the outpatient setting

(SHARP). Increase proportion of primary care providers, health promoters, health educators, preventive medicine technicians and independent duty corpsmen who have completed **on-going self-study training in sexual health**

Population Education

(SHARP). Increase the number of supported commands to which each **MTF** provided general sexual responsibility training (**outreach**)

Sexual Health Objective (and HP2010 Objective Number)	HP2010 Target	U.S. Baseline and DoN Status	SHARP target	DoD/DoN Requirement
Family Planning				
9-1. Increase the proportion of **pregnancies** that are intended	70%	U.S. =51%. 1999 Navy enlisted =40%; Navy Officer =79%. USMC data not available.	70%	supports MANMED (page 15-69)
9-3: Increase the proportion of females at risk of unintended pregnancy (and their partners) who use **contraception**	100%	U.S. =93% in 1995	100%	supports MANMED (page 15-69)
9-5: Increase the proportion of health care providers who provide **emergency contraception (ec)**	developmental	Developmental. Note: in 1999, 16% of Navy women and 8% of Navy men were aware of EC at MTFs	90%	MANMED (page 15-69)
HIV				
13-5: Reduce the number of **HIV cases** among adolescents and adults	developmental	U.S. =developmental. DoN =101 adult active duty cases in 2001 (20 per 100K tested)	8 per 100K	DoDI 6485.1
13-6: Increase the proportion of sexually active adults who use **condoms**	50%	U.S. =23% among females in 1995. Navy =39% and USMC =42% in 1998	50%	supports BUMED Inst 6222.10A
STD Prevention				
25-1a-c: Reduce incidence of **Chlamydia** among males and females aged 15-24	3%	U.S. =5-15.7% in 1997	3%	OPNAVINST 6120.3
25-2: Reduce incidence of **Gonorrhea**	19 per 100K	U.S. =123/100K in 1997	19 per 100K	supports BUMED Inst 6222.10A
25-3: Eliminate sustained domestic transmission of primary and secondary **Syphilis**	0.2 per 100K	U.S. =3.2 per 100K in 1997 (2.9 in 2000). DoN =3 per 100K in 2000.	0.2 per 100K	supports BUMED Inst 6222.10A
25-6: Reduce the proportion of females who have ever required treatment for pelvic inflammatory disease (**PID**)	5%	U.S. =8% in 1995	5%	supports BUMED Inst 6222.10A
25-9: Reduce **congenital syphilis**	1 per 100K live births	U.S. =27 per 100K live births in 1997	1 per 100K live births	supports BUMED Inst 6222.10A
25-13: Increase proportion of STD programs that routinely offer **Hep B vaccine** to all STD clients	90%	U.S. =5%	90%	BUMED Inst 6222.10A
25-16: Increase proportion of sexually active **females aged 25 and under screened annually for Chlamydia**	developmental	developmental	90%	OPNAVINST 6120.3
25-18: Increase proportion of primary care providers who **treat** STDs in accordance with recognized standards	90%	U.S. =70% in 1998	90%	BUMED Inst 6222.10A
(SHARP) Increase proportion of providers who **assess sexual risk** behavior during routine outpatient encounters	none	U.S. range: 28-50%	90%	OPNAVINST 6120.3; Tricare/CHAMPUS Policy manual 6010.47-M
Provider Training				
(SHARP) Increase proportion of primary care providers (PCP), health promotion specialists (HPS), preventive medicine technicians (PMT), environmental health officers (EHO) and independent duty corpsmen (IDC) who have completed **training** in **client-centered**	none	N/A	Minimum =one assigned PCP, HPS, EHO, and IDC plus 33% of assigned PMTs	supports achievement of OPNAVINST 6120.3
(SHARP) Increase proportion of primary care providers and independent duty corpsmen who have completed **training** in **sexual risk assessments** in the outpatient setting	none	N/A	33%	supports achievement of OPNAVINST 6120.3
(SHARP) Increase proportion of primary care providers, health promoters, health educators, preventive medicine technicians and independent duty corpsmen who have completed on-going **self-study training in sexual health**	none	N/A	Minimum =one assigned PCP, HPS, EHO, and IDC plus 33% of assigned PMTs	supports achievement of SECNAVNOTE 5300
Population Education				
(SHARP) Increase the number of supported commands to which each MTF provided **general sexual responsibility training** (outreach)	none	N/A	Minimum =one other Command per year	SECNAVNOTE 5300

HP 2010 9-5: Increase the proportion of health care providers who provide **emergency contraception**

HP 2010 25-13: Increase proportion of STD programs that routinely offer **Hepatitis B vaccine** to all STD clients

HP 2010 25-16: Increase proportion of sexually active **females aged 25 and under screened annually for Chlamydia**

HP 2010 25-18: Increase proportion of primary care **providers** who treat STDs IAW recognized standards

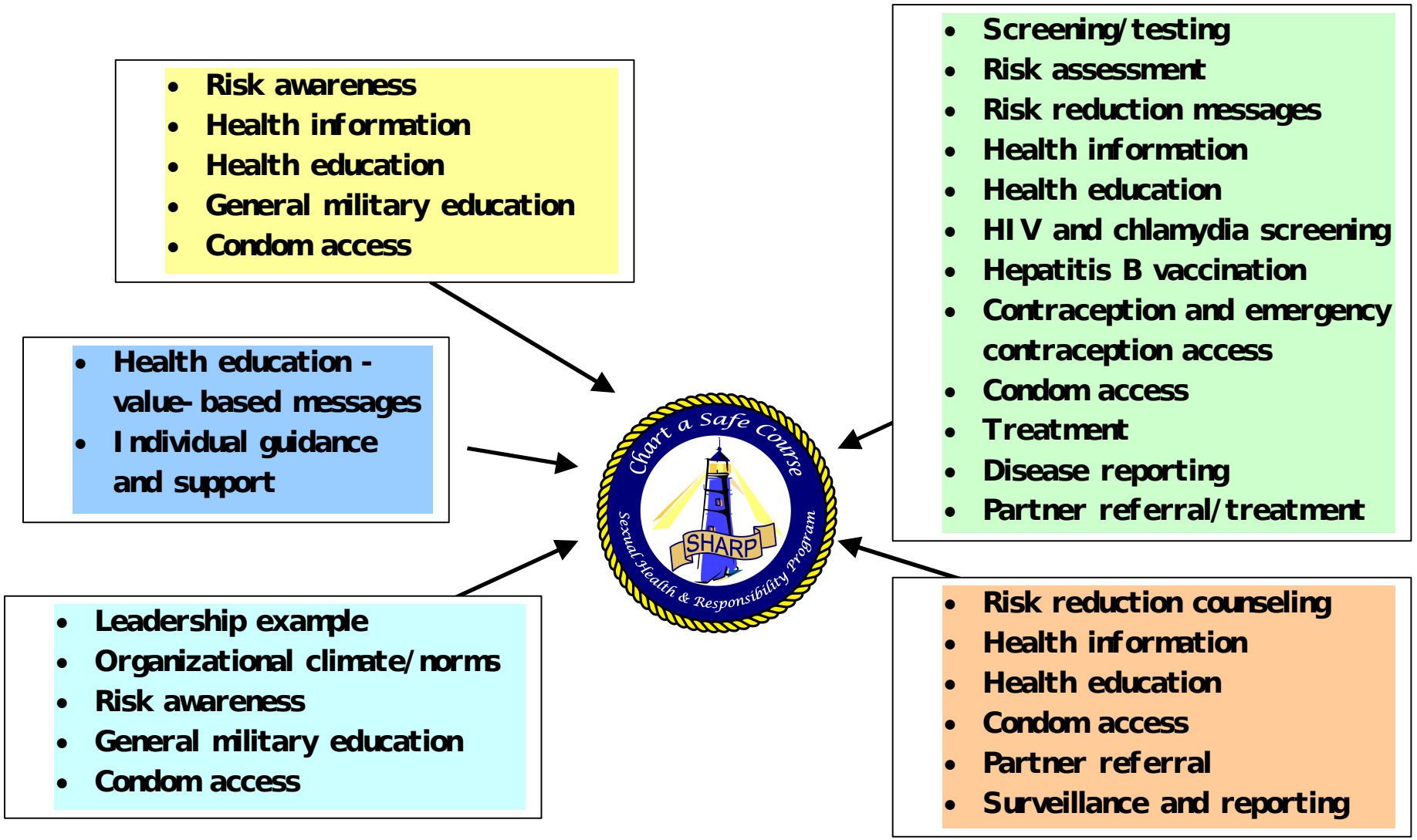
(SHARP) Increase proportion of providers who assess sexual risk behavior during routine outpatient encounters

SHARP Strategies

- Provide information and education programs on the prevention of HIV-STDs.
- Implement programs that promote positive behavior change and responsible decision-making regarding human sexuality.
- Design programs targeting those persons whose behavior puts them at high risk of infection, such as patients in STD clinics, persons referred to drug and alcohol treatment programs, and family planning clinics.
- Provide programs for health-care personnel to assess patients' understanding and risk behaviors and effectively communicate this information to patients.

SHARP – Education and Intervention Targets

- General awareness education
- 1-hour all-hands education
- Routine risk assessment during outpatient encounters
- patient-centered prevention counseling for high-risk patients
- Targeted Interventions



Partners in Navy and Marine Corps Sexual Health

Educators, Instructors and Health Promoters

Clinicians and clinical staff Preventive Medicine

Leaders, peers, and organizations Chaplain Corps

HIV, STDs, and Unplanned Pregnancy in the Navy and Marine Corps

some data…

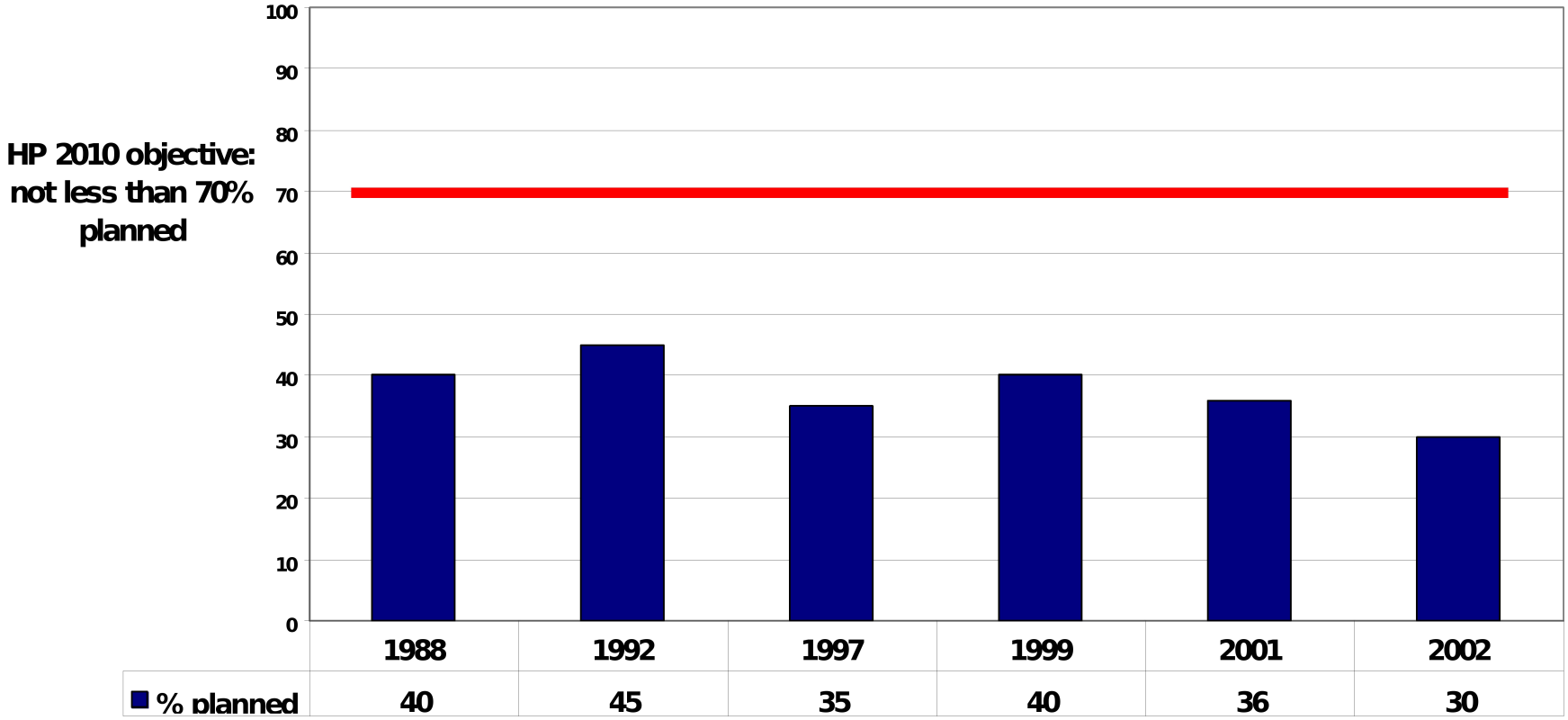
Unplanned Pregnancy in the Navy

(2002 Navy Pregnancy and Parenting Survey, NPRST, unpublished as of 12 Apr 2004)

- In 2003, **70%** of all pregnancies among Navy enlisted women were unplanned

Percent of Pregnancies Among Navy Enlisted Women Which Were Planned

(sources: Navy Pregnancy and Parenting Surveys: Navy Personnel Research and Development Center 1996, 1998; and Navy Personnel Research, Studies, and Technology 2001, 2002, 2004)



Unplanned Pregnancy in the Navy

(2002 Navy Pregnancy and Parenting Survey, NPRST, unpublished as of 12 Apr 2004)

- In 2002, **50%** of Navy women who had an unintended pregnancy were not using birth control.

Unplanned Pregnancy in the Navy

(TR-98-6, Sep 98, Navy Personnel Research and Development Center, San Diego)

- Why Navy Women Who Had Unplanned Pregnancies in 1997 Did Not Use Birth Control

  "Rhythm method or withdrawal work well enough" **29%**

  "I am not sexually active" **24%**

  "I (or my partner) have been sterilized" 5%

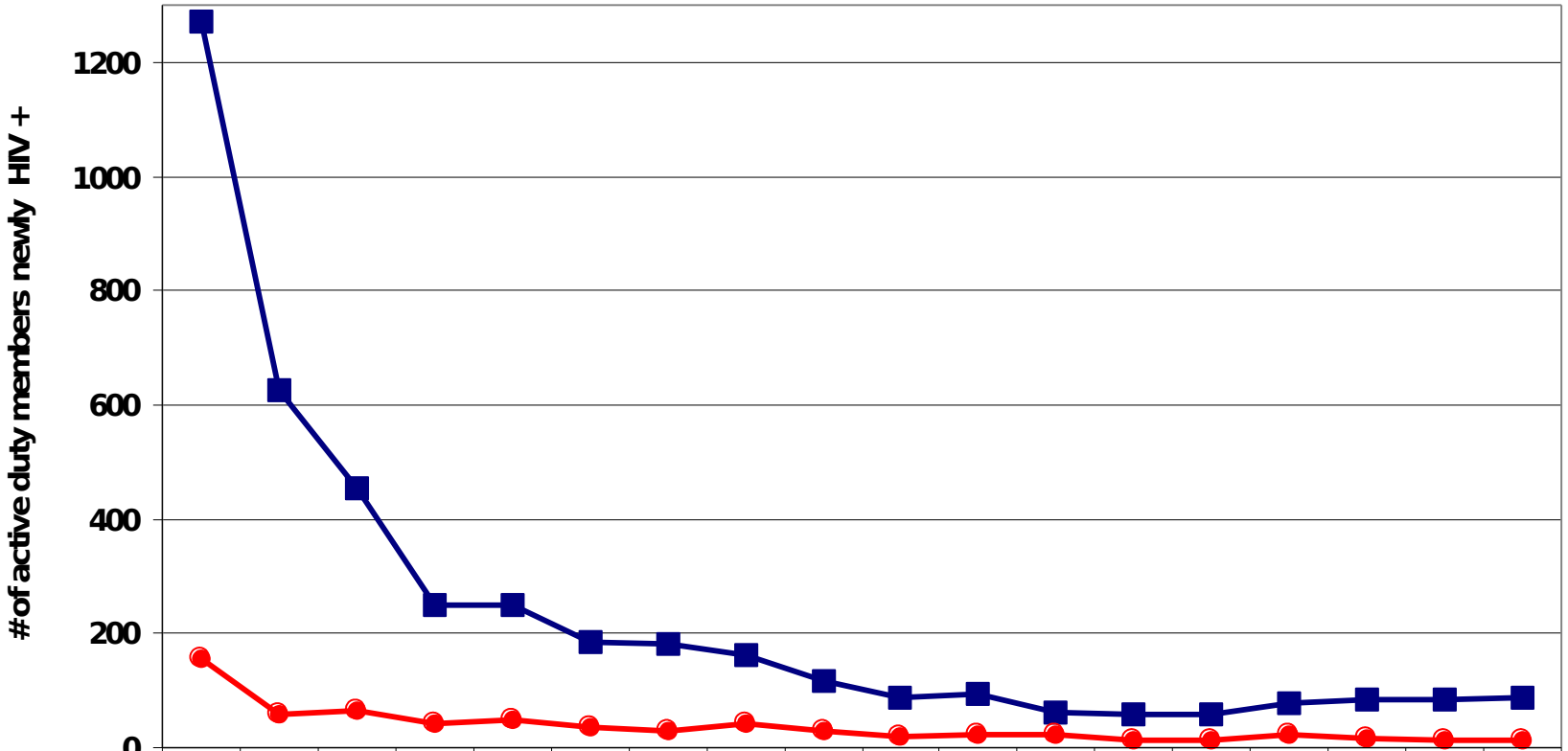
  "I (or my partner) am not fertile" 2%

  Religious beliefs 2%

  Other reason **38%**

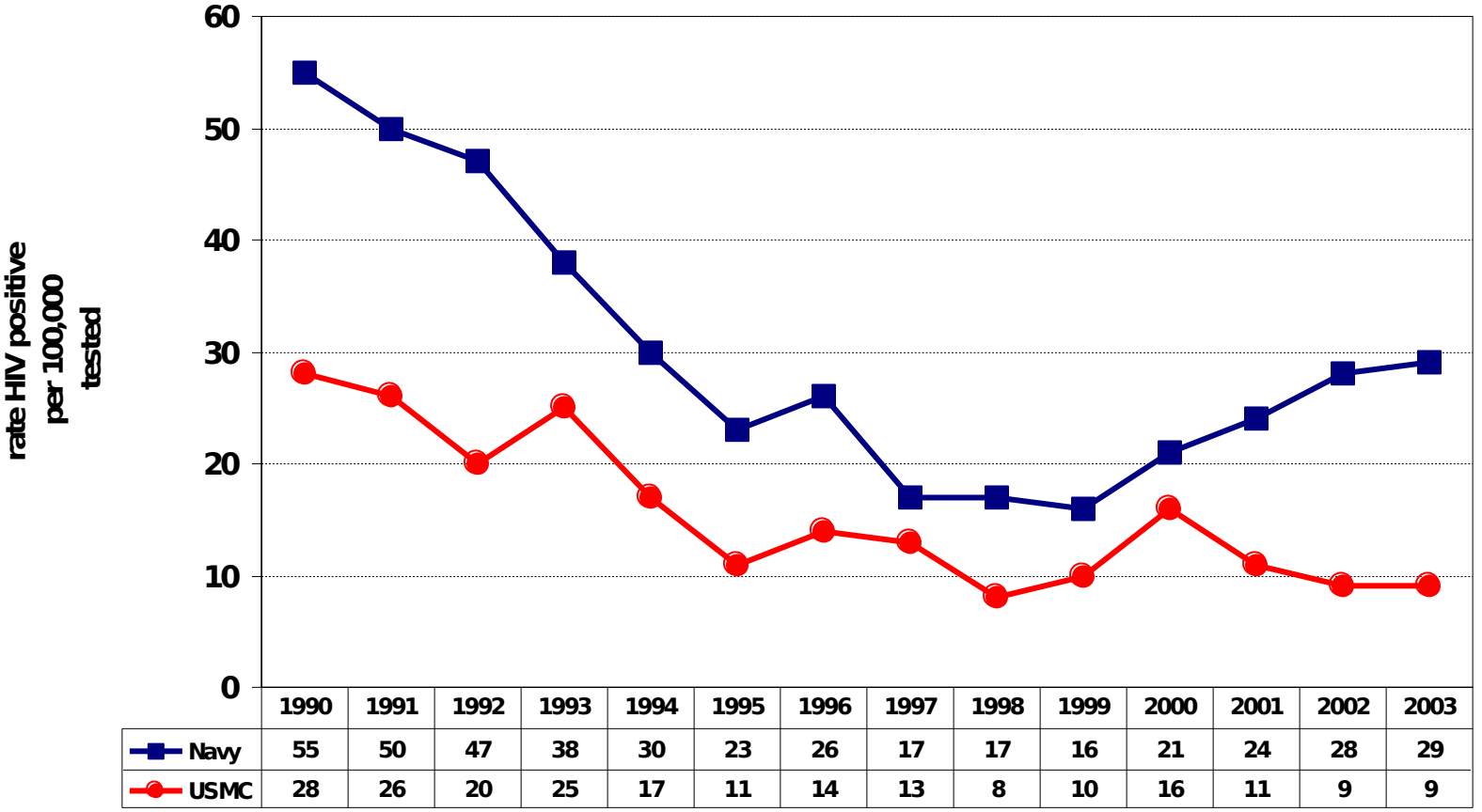
Newly Identified HIV Positive Active Duty Members

Navy and USMC, 1986-2003



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Navy	1271	626	453	249	249	186	183	161	118	87	94	61	58	57	77	85	84	87
USMC	155	58	64	43	49	37	29	41	28	18	22	22	13	14	23	16	13	13

HIV Seroconversion Rates per 100,000 Tested
Navy and USMC, 1990-2003



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Navy	55	50	47	38	30	23	26	17	17	16	21	24	28	29
USMC	28	26	20	25	17	11	14	13	8	10	16	11	9	9

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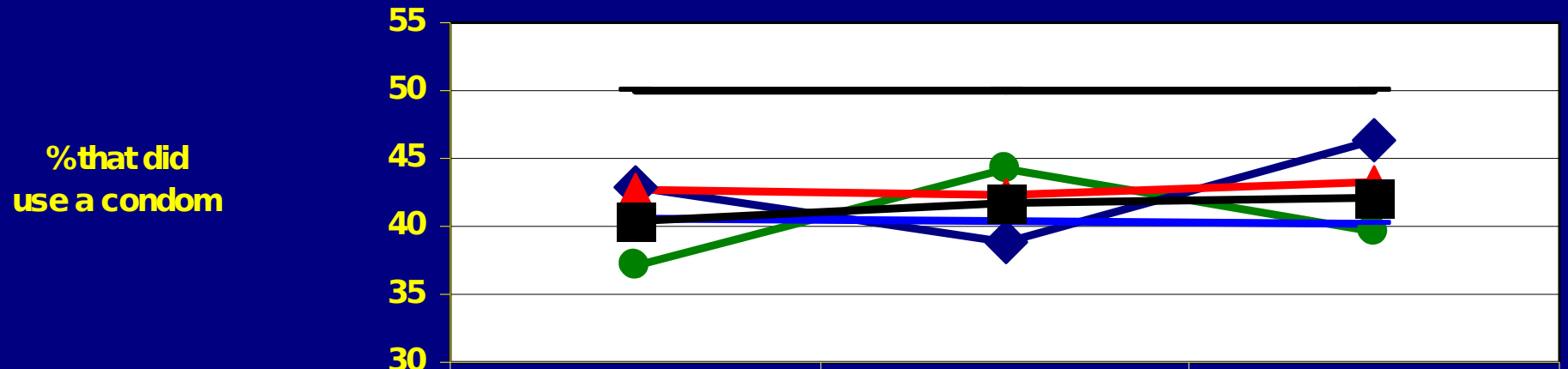
Condom Use at Last Sexual Encounter

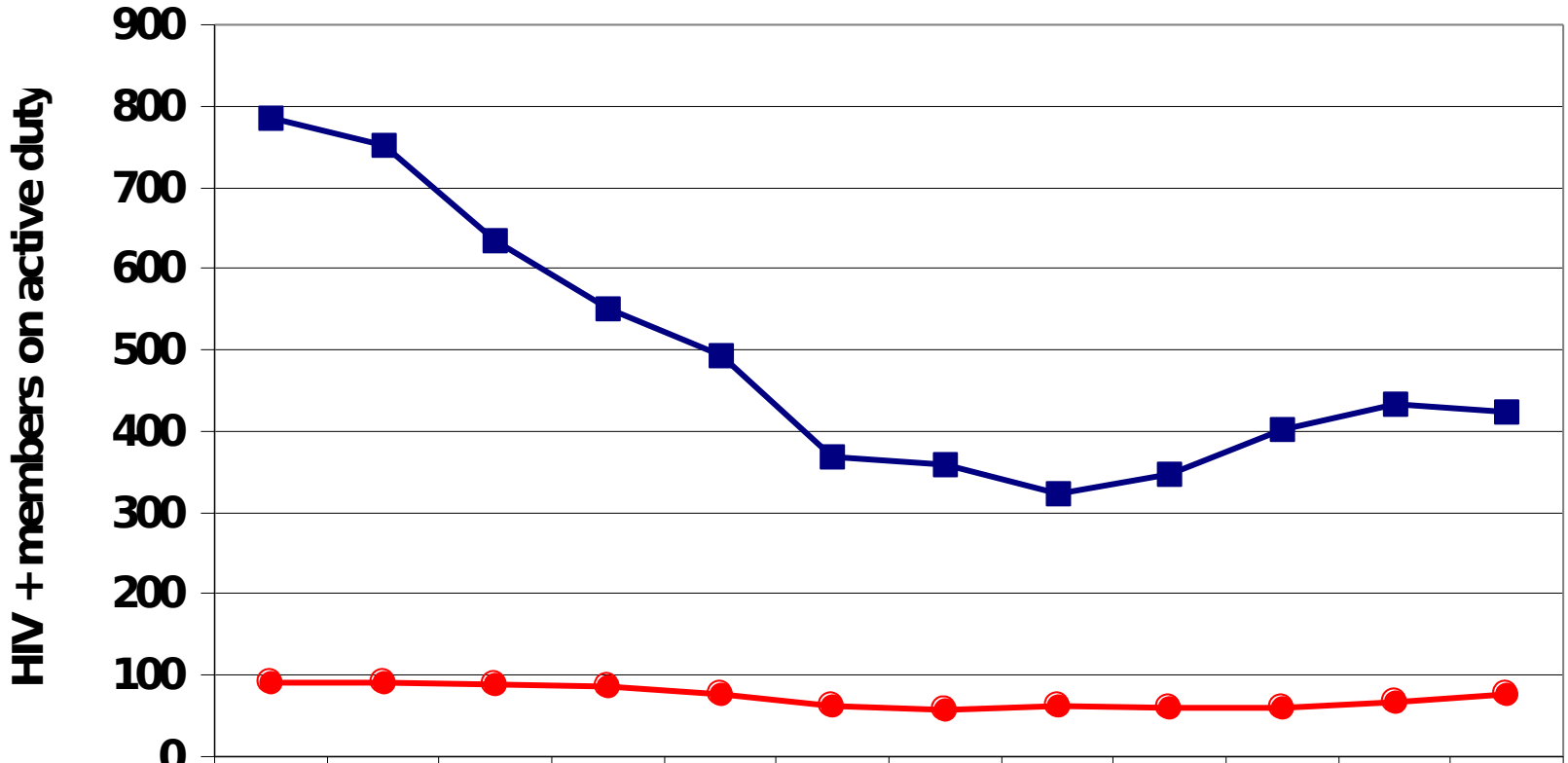
Among Unmarried Active Duty Members

(source: DoD Worldwide Survey of Health Related Behaviors Among Military Personnel)



	1995	1998	2002
Army	37.1	44.3	39.6
Navy	42.9	38.9	46.4
USAF	40.5	40.3	40.2
USMC	42.7	42.4	43.3
DoD	40.4	41.8	42.1

HIV Positive Sailors and Marines on Active Duty
End of Calandar Year 1992-2003



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Navy	785	751	634	551	492	368	360	322	347	402	433	424
USMC	91	91	88	86	76	62	57	63	60	59	66	77

STD Trends

- U.S. has the highest STD rate in the industrialized world
- In 2000, 32% of new HIV infections in the US were women.
- The number one cause of death for Black American males age 25 to 44 is AIDS.

“Curable” STDs

- Chlamydia: 3 Million
- Gonorrhea: 650K
- Syphilis: 70K
- Trichomonas: 5 Million

Chronic STDs

- **Herpes Simplex-2**
  - 1 million new cases/yr.
  - 45 million infected
- **HPV**
  - 5.5 million new cases/yr.
  - 20 million actively shedding virus
- **Hepatitis B**
  - 77 K new cases/yr.
  - 750 K chronic (sexual transmission)
- **HIV**
  - 40 K new cases/yr.
  - 650 K AIDS
  - 4786 Sailors and Marines (thru 2001)

STDs: What are the costs?

- 15.3 million new STDs annually
- Direct medical costs of $8.4 Billion
- Indirect costs
  - Pain and suffering
  - Physical and emotional trauma

Impact of STDs on US Population

- Infants
  - premature, low birth weight, conjunctivitis, pneumonia, congenital defects
- Women
  - infertility, tubal pregnancy, cervical cancer
- Teens and Young Adults
  - higher STD rate
  - young females: immature cervix

What can COs Do?

- Set organizational climate
  - Sexual responsibility is the norm. Leadership by example. (Do not “cure” via discipline)
- Protect / respect medical privacy
  - Perception that CO sees names on sick call logs, etc.
- Training
  - Complete quality GMT. Support on-going awareness activities.
- Access to condoms

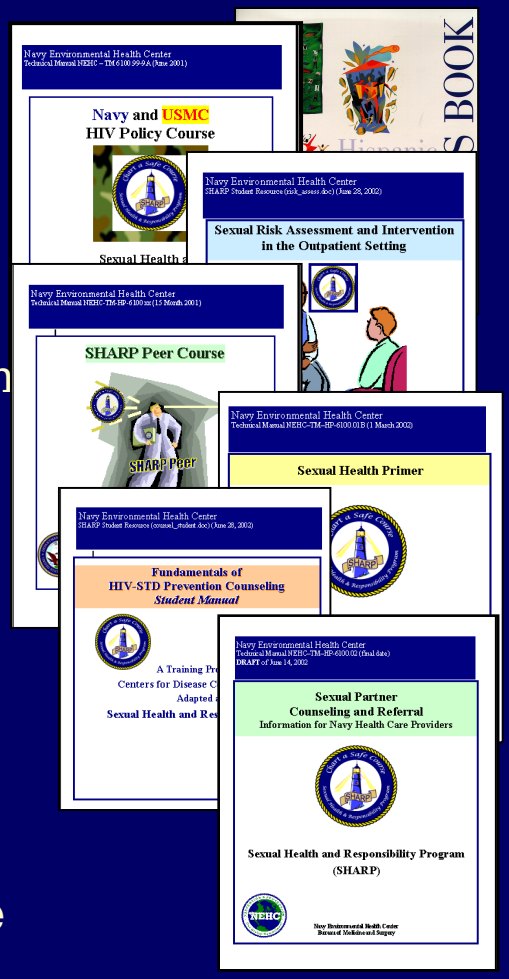
SHARP Resources and Initiatives

SHARP Resources: Instructor "Registration"

- Purpose
  - Identify and Enable Qualified People
  - Link People to Resources
  - Recognize and Support Training
- Procedure
- Certificates of Training

SHARP Courses

- **Navy and Marine Corps HIV Policy Course**
  - self study course - on-line access and testing
  - DoN HIV epidemiology and policy
- **Sexual Health Primer Course**
  - Self-study course - on-line access
  - STDs, unplanned pregnancy, sexual risk assessmen
- **HIV-AIDS Facts Quiz Course**
  - self study using Red Cross HIV-AIDS Facts Book
  - HIV transmission and prevention
- **Sexual Partner Counseling and Referral**
  - self study - on-line access plus classroom version
  - bringing partners to treatment and testing
- **HIV-STD Prevention Counseling Course**
- **Sexual Risk Assessment in the Primary Care Setting**
- **All courses are approved for continuing education credit for physicians, nurses, IDCs, and NEHA Env Health Techs and Registered Sanitarians**



SHARP Resources

- SHARP Website: www-nehc.med.navy.mil/hp/sharp

SEXUAL HEALTH & RESPONSIBILITY (SHARP) - Microsoft Internet Explorer
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Address http://www-nehc.med.navy.mil/hp/sharp/index.htm
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Clinical Preventive Services
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Health Risk Asessment
Injury Prevention
Nutrition
Physical Fitness
Post Deployment
Preventive Health Assessment
Sexual Health &
2YOUR HEALTH
health education
Health
My Personal Health
Health Educator
Clinicians
Vision: A Department of the Navy (DoN) cultural norm in which sexual responsibility and safety is encouraged, supported, and expected, and a DoN population in which all pregnancies are planned, Syphilis is eliminated, and other STDs, including HIV are prevented.
Mission: Provide DoN members and families with health information, education, and behavior change programs for the prevention of sexually transmitted diseases, including HIV, and unplanned pregnancy.
Goal: Reduce the occurrence of HIV, STDs and unplanned pregnancy among DoN members and families to levels specified in selected Healthy People 2010 Objectives.
Objectives: (click here)
SHARP Stakeholders' Report for July 2003 - June 2004
SHARP Customer Feedback Form
http://www-nehc.med.navy.mil/hp/sharp/sharphealthed.htm
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SHARP Resources (cont.)

- SHARPNews
- SHARPFacts
- Ready-to-use Briefings
- SHARP “Toolbox” Compact Disk
- 6 Navy / USMC films

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SHARP Vision:

A DoN cultural norm in which sexual responsibility and safety is encouraged, supported, and expected, and a population in which all pregnancies are planned, Syphilis is eliminated, and other STDs, including HIV are prevented.